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ATTORNEYS AND COUNSELORS AT LAW

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CENTRAL FAX CENTER****APR 17 2006**650 Third Avenue South
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To: Examiner: Suzette Jaime J Gherbi Group Art Unit: 3731 Serial No.: 10/790,649 Company: United States Patent and Trademark Office Location: Arlington, VA Phone: 571-272-4751 Fax: 571-273-8300	From: Terry L. Wiles Direct phone: 612-334-8992 Date: April 17, 2006 Pages including cover sheet: 15 Reference #: 415
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Comments:**Certificate of Facsimile Transmission (37 C.F.R. § 1.8(a))**I hereby certify that 15 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:Date: April 17, 2006Signature: Name: Jodi Jung

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APR 17 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Franco Vallana et al.

Attorney Docket: SBC1025USC1

Serial No.: 10/790,649

Group Art Unit: 3731

Filed: March 1, 2004

Examiner: Suzette Jaime J. Gherbi

For: ANGIOPLASTY STENTS

AMENDMENT TRANSMITTAL

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are an Amendment and Response (12 pages).

[] The fee for a ____-month extension of time is enclosed.

[X] No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	31	Minus	31	0	x 25		x 50	0
Independent	4	Minus	4	0	x 100		x 200	0
First presentation of multiple dependent claim					x 180		x 360	0
Total					Total		Total	
							\$0	

[] Please charge Deposit Account No. 16-2312 in the amount of \$ _____
 to cover the fee for a ____-month extension of time.

Certification of Facsimile Transmission

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Date: April 17, 2006Signature: Jodi JungName: Jodi Jung

Amendment Transmittal
Applicants: Franco Vallana et al.
Serial Number: 10/790,649

Attorney Docket: SBC1025USC1

☐ A check in the amount of \$_____ is enclosed to cover the fee for a
_____month extension of time.

☒ The Commissioner is hereby authorized to charge payment of the
following fees associated with this communication or credit any
overpayment to Deposit Account No. 16-2312.

☒ Any filing fees under 37 C.F.R. § 1.16 for the
presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R.
§ 1.17.

Respectfully submitted,

Date: 4/17/06

By Terry L. Wiles

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APR 17 2006

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Group Art Unit: 3731

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For: ANGIOPLASTY STENTS

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 15, 2006, please amend the application and enter the remarks as follows.

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I hereby certify that 15 pages including cover are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Date:

April 17, 2006

Signature:

Name: Jodi Jung